

Defect Report Form

Boxes 1, 2 and 3 to be completed by person reporting Defect

1	Reported by:	Date:	Mileage:
----------	--------------	-------	----------

2	Defect type (tick one)	CRITICAL: Serious fault which might cause accident or injury.	
		NON CRITICAL: Not likely to lead to accident/injury but which requires remedy	

3	Area of vehicle or equipment concerned:
	Description of Defect:

Boxes 4, 5 and 6 to be completed by CCT Vehicle Manager

4	Date Form received:
----------	---------------------

5	Remedy applied:
----------	-----------------

6	Vehicle fit for re-use	Signed:
		Date: